

Members

Sen. Steven Johnson, Chair
Sen. Cleo Washington
Rep. Susan Crosby
Rep. Gloria Goeglein

Lay Members

Robert Bonner
Dr. David Giles
John Huber
Galen Goode
Gloria Kardee
Jerri Lerch
Amy Cook Lurvey
Janet Marich
Judge Stephen Spindler
Judith Tilton



INDIANA COMMISSION ON MENTAL HEALTH

Legislative Services Agency
200 West Washington Street, Suite 301
Indianapolis, Indiana 46204-2789
Tel: (317) 232-9588 Fax: (317) 232-2554

LSA Staff:

Ron Sobecki, Fiscal Analyst for the Commission
Steve Wenning, Attorney for the Commission

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MEETING MINUTES¹

Meeting Date:	September 9, 1999
Meeting Time:	10:00 A.M.
Meeting Place:	State House, 200 W. Washington St., Room 233
Meeting City:	Indianapolis, Indiana
Meeting Number:	1

Members Present: Sen. Steven Johnson, Chair; Sen. Cleo Washington; Rep. Susan Crosby; Rep. Gloria Goeglein; Robert Bonner; David Giles; Galen Goode; John Huber; Amelia Cook Lurvey.

Members Absent: Gloria Kardee; Jerri Lerch; Janet Marich; Stephen Spindler; Judith Tilton.

Chair Sen. Steve Johnson called the meeting to order. Committee member introductions were made.

Janet Corson, Director, Division of Mental Health (DMH)

Janet Corson provided an overview of the Hoosier Assurance Plan (HAP), which was passed by the legislature in 1994. She stated the HAP changed the focus from funding programs to funding specific services for individuals under an individualized treatment plan. She stated that a number of providers feel there is more flexibility under the HAP than the past funding system.

Ms. Corson discussed the following accomplishments of the DMH.

- Development of a provider profile to help the DMH in evaluating the various service providers.
- Published a report card on service providers to assist consumers in choosing service providers.
- Served 66,671 consumers in the community in the past year.
- Provided services to 1,412 consumers in state hospitals in the past year.

¹Exhibits and other materials referenced in these minutes can be inspected and copied in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for copies may be mailed to the Legislative Information Center, Legislative Services Agency, 200 West Washington Street, Indianapolis, IN 46204-2789. A fee of \$0.15 per page and mailing costs will be charged for copies. These minutes are also available on the Internet at the General Assembly homepage. The URL address of the General Assembly homepage is <http://www.ai.org/legislative/>. No fee is charged for viewing, downloading, or printing minutes from the Internet.

- Development of a supervised prevention program for children ages 10 to 14 after school between the hours of 3:00 and 6:00 p.m. Approximately 24,000 children participated in the program throughout the state in the past year.
- As of July 1, 1999, all managed care providers are funded under the new payment system.
- The creation of an inter-agency agreement with the Alcoholic Beverage Commission to conduct the random inspections of retail outlets for the selling of tobacco products to individuals under the age of 18.
- Development of risk adjusted rates for seriously mentally ill adults.
- Creation of standards of care to increase accountability of providers who receive the case rates for service provision. The standards contain minimal criteria for service providers.

Representative Goeglein asked for the number of individuals on the waiting lists. Ms. Corson stated that currently there are 150 individuals in state hospitals that are waiting for community services and 220 individuals waiting to be placed in a state hospital.

Representative Crosby asked what the DMH will do with the additional \$2 million in state funding for substance abuse appropriated in this year's budget. Ms. Corson stated these funds will be used for contracted services to expand existing substance abuse services.

Sen. Johnson inquired about the admission process to a state hospital and the average length of stay. Janet Corson replied that individuals are either voluntarily admitted or committed by a court and that a Community Mental Health Center must review a court commitment and determine if the commitment is appropriate. The average length of stay in a state hospital is seven to eight months.

Richard DeLiberty, Deputy Director, Division of Mental Health

Mr. DeLiberty presented the various case rates for community services that have been defined for service providers. He stated the case rates are based on the illness and the functioning level of the patient and are used to focus on the priority populations as defined by the DMH. Mr. DeLiberty stated that these case rates are not the same as those developed by the actuarial study. He discussed that the case rates are net rates minus Medicaid, the Medicaid Rehab Option, and insurance.

Mr. Dennis P. Morrison, Ph.D., Center for Behavioral Health

Mr. Morrison discussed funding for mental health and substance abuse services from a rural perspective.

Mr. Morrison stated that the system of care for serving seriously mentally ill adults is funding only about 25% of the need in Indiana.

Mr. Morrison said that one of the problems of the HAP is that the plan encourages competition among Community Mental Health Centers, and these centers must expend resources to either expand market share or to protect market share which takes resources away from service provision.

Mr. Morrison noted his concern for the working poor who are caught without a mechanism to pay for their care. Mr. Morrison also expressed his concern for funding services for those suffering from addictive disorders. This group is prohibited from receiving Medicaid funding and, therefore, service provision is difficult. Mr. Morrison made the following recommendations:

- The DMH needs to discontinue the practice of encouraging competition between community mental health centers, especially for the HAP funded populations.
- Funding for the treatment of substance abuse individuals must be increased.

- Improve the information and telecommunication infrastructure for mental health facilities in Indiana, especially the state hospitals.
- Support reimbursement for clinical services using telemedicine. In rural areas, telemedicine can provide accessible services that would otherwise be unavailable.
- Support the payment of room and board charges for subacute facilities.

Mr. Dennis Jones, Executive Director, Midtown Community Mental Health Center

Mr. Jones discussed funding for mental health services from an urban perspective. Midtown provided services for 2,000 seriously mentally ill individuals for which no HAP funding was available. Mr. Jones stated that the HAP does not work under the current market situation because of the under supply of resources and the over supply of individuals who need services. Mr. Jones feels that there is no incentive to increase the number of individuals served because of the unfunded liability that exists. Mr. Jones made the following recommendations:

- There is a need for a public information program explaining the Hoosier Assurance Plan.
- There is a need for a “grass roots” program to promote the need for additional funding for mental health services to serve individuals not currently being served.
- There is a need to promote networks for collaboration to serve the high fixed rate services in order to reduce overall costs.
- The DMH needs to find ways to leverage state funds to receive additional funding to serve underserved individuals.
- Resources given to the community mental health centers should be more flexible.

Mr. Steve McCaffrey, Executive Director, Indiana Mental Health Association

Mr. McCaffrey stated that the most recent actuarial study showed that Indiana is serving only half of all individuals needing services. He discussed the need to create a multi-year funding plan for mental health services in order to receive additional funding from the legislature. He suggested that the Mental Health Commission create a subcommittee to develop a multi-year funding plan that is tied to program outcomes.

Mr. McCaffrey stated there may be a need to reexamine the basic concepts behind the HAP. The HAP was developed with the understanding that there would be full funding for services and this has not occurred. There may be a need to make some changes in the system and the timing is right to examine the HAP again.

Other Commission Business

The dates of September 30 and October 21, 1999, were chosen as the next two meeting dates.

There being no further business Sen. Johnson adjourned the meeting.